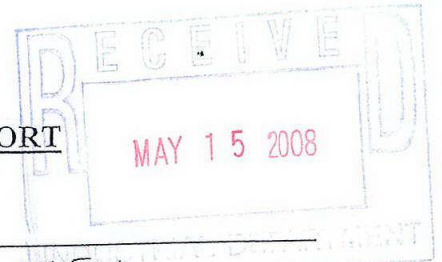


C.A. in

USER CHARGE SELF MONITORING REPORT



NAME: AMNEAL PHARMACEUTICALS
 ADDRESS: 209 MCLEAN BLVD. PATERSON, NJ 07504
 FACILITY LOCATION: 209 MCLEAN BLVD., PATERSON, NJ 07504
 NEW CUSTOMER ID / OUTLET ID: 27200050-1 OLD OUTLET DESIGNATION:

MONITORING PERIOD					
START			END		
4	1	08	4	30	08
MO	DAY	YR	MO	DAY	YR

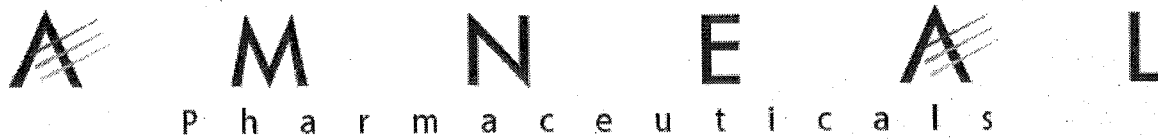
VOL DISCHARGED THIS PERIOD
105,468 GALS
CU. FT X 7.48 = GALLONS
EFFLUENT METER READING LAST DAY THIS PERIOD

DATE	BOD	TSS
4/15/08	192 mg/L	28.6 mg/L

DATE	BOD	TSS

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL OR AUTHORIZED AGENT	TYPE NAME AND TITLE	TELEPHONE NUMBER
<u>Sajiv Patel</u>	<u>For Jiten Parikh</u>	<u>973-357-0222</u>
	<u>Vice President</u>	
		DATE <u>5/13/08</u>



METHOD USED

TOTAL WATER USED

$6,649.2 (4/30/08) - 6,508.2 (4/1/08) = 141 \text{ CF1} \times 7.48 \times 100 = 105,468 / 22 \text{ DAYS} = 4,794 \text{ Total Flow - Gal/Day.}$

SANITARY USED

$1,278 (4/30/08) - 1,204 (4/1/08) = 74 \times 7.48 \times 100 = 55,352 / 22 \text{ DAYS} = 2,516 \text{ Flow - Gal/Day.}$

$$\text{REGULATORY/TOTAL} = 2,278 / 4,794 = 0.5$$

SITE PLAN: NO CHANGE

NJDEP Certified Laboratory No. 14964
 973-335-CALI
 FAX 973-335-0556
 E-MAIL: calilabs@earthlink.net
 WEBSITE: www.calilabs.com

COMPLETE ANALYSIS LABORATORIES INC.



Dr. Karim Zirvi
 Amneal Pharmaceutical Corp.
 209 McLean Blvd.
 Paterson, NJ 07054

1259 Route 46, Building #4/C
 Parsippany, NJ 07054-4909

ANALYSIS REPORT

REPORT DATE: APRIL 23, 2008

PROJECT NO : 813470

LAB ID NO: 813470.1

FIELD ID NO: AP-0415

Sample: Liquid, Sampled by CALI on 4/15/08

Parameter	Method No	Result (mg/L)	Analysis Date Time	RLs (mg/L)	DF
BOD ₅	405.1	192	4/17/08 7:42	2.0	1
TSS	160.2	28.6	4/17/08 8:00	4.0	1

Definitions:

pH Unit, **J**= Compound Detected but Below MDL, **RLs**= Laboratory Reporting Limits,
MDL= Method Detection Limit, **DF**= Dilution Factor, **ND** = Not Detected
RL = MDL x DF

Approved By:

Zvi Blank, Ph.D., CHMM
 Laboratory Director

The Standard of Excellence in Laboratory Service

CHAIN OF CUSTODY

COMPLETE ANALYSIS LABORATORIES, INC.

1259 ROUTE 46 BLDG. # 4
 PARSIPPANY, NJ 07054-4909
 PHONE: (973) 335-CALI
 FAX: (973) 335- 0556
 NJDEP LAB CERTIFICATION # 14964

PAGE 1 OF 1
 (Lab use only) No. 813470

DELIVERABLES: ☒ STD ☐ REDUCED ☐ FULL
 (CIRCLE ONE) OTHER (Specify) _____

CLIENT	AMNEAL PHARMACEUTICAL		
ADDRESS	209 MCLEAN BLVD.		
CITY	PATERSON		
STATE	NJ	ZIP	07054

CONTACT	DR. ZIRVI	PHONE	(973) 357-0222
PROJECT	WASTEWATER		
SAMPLER	name <u>G. Omer</u>	sign	<u>[Signature]</u>
WITNESSED BY	name _____		

LAB ID	FIELD ID	SAMPLING DATE/TIME	M	T	No	P	ANALYSIS
813470.1	AP- 0415	4/15/08 12:50	A	C	1	C	BOD, TSS
813470.1	AP- 0416	4/15/08 12:50	A	C	1	Hn, C	Cu, Zn, Pb
813470.2	AP- 0416 G	4/15/08 12:55	A	G	2	H, C	VOC*
MARKS	* VOC TO INCLUDES: ACETONE, METHYLENE CHLORIDE						
		COMPOSITE SAMPLER WAS SET UP ON <u>4/14/08 @ 12:30</u>			SAMPLE WAS COLLECTED ON <u>4/15/08 @ 12:50</u>		
		SAMPLING FREQUENCY - 30 MINUTES.					monthly

RELINQUISHED BY		RECEIVED BY		DATE	TIME	METHOD OF RELINQUISH.	RECEIVING ORGANIZATION
NAME	SIGNATURE	NAME	SIGNATURE				
<u>G. Omer</u>	<u>[Signature]</u>	<u>Z. Blank</u>	<u>[Signature]</u>	<u>4/15/08</u>	<u>15:00</u>	<u>Noted off</u>	<u>CRS</u>
TURNAROUND TIME:				PRIORITY AUTHORIZATION:			
M = MATRIX	A - AQUEOUS SL-SLUDGE	P - POTABLE WATER SO - SOLID		S - SOIL X - OTHER		O - OIL	
T = TYPE	C - COMPOSITE		G - GRAB	No. = NUMBER OF CONTAINERS			
P = PRESERVATIVE	H ₂ - H ₂ SO ₄	Hn - HNO ₃	H - HCl	N - NaOH	A - ASCORBIC ACID		C - COOL TO 4 °C

SOP-CG-010 REV 4/96

FOR REGULATORY COMPLIANCE